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_		04700	DIVISION OF VITAL RECORDS,	301 W. PRESTON STR CERTIFICATE OF I		MARYLAND 21201	046	9.8
<i>a</i> )	I. DI (T	CEASED-NAME First ype or print) JAMES	Middle WILLIAM	Last Brown	2a. DA	TE OF DEATH Month De	2	b. HOUR
	3. SE		4. RACE	S. DATE OF BIR	RTH	6. AGE (In years	IF UNGER I YEAR IF UN	OER 24 HRS.
1		MALE	NEGRO	August	15,1903	lost birthday) 64 YRS.	MONTHS DAYS HOU	RS MIH.
	7a. E cour	BIRTHPLACE (State or foreign http) MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	CIED	MARY S		M
76		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in haspital	12a. USUAL OCCUPA	ATION (Kind of work done rking life, even if retired.)	12b. KIND OF BUSIN	IESS OR
18	13a.		ed lived, if institution: Residence befare	13c. CITY OR TOWN		3e. STREET AND NUMBER	FARMING	
+	_	ATHER'S NAME First	Middle Last	15. MOTHER'S MAI	IDEN NAME First	Middle	Lo	ost
9		EDWARD	Brown		Agnes		HoLT	г
	16a.	WAS DECEASED EVER IN U.S. ARM	or or detes of service)			Address		
		No.	217-30-118		LIAN BROWN			Mo.
		18. CAUSE OF DEATH (Enter onl	y ane cause per line for (a), (b), and (c). BY:	1	0		APPROXIMATE IN BETWEEN ONSET AN	NO DEATH
	TION	151X	(b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  IDITIONS CONTRIBUTING TO DEATH BUT NO  CONDITION FOR WHICH OPERATION WAS PE			GIVEN IN PART 1(o)	CONSIDERED IN CERTIFY	YING
X	CERTIFICATION			YES 🗌	ИО □	CAUSES OF DEATH?		
	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. Manth Day Year	,		af injury in Part 1 as Part 2,	, Item 18.)	
	W	21d. INJURY OCCURRED 21e. While Not while of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	Caunty	State
		saw the deceased a causes stoted obove	s haspital) attended the decease live anl , (I) (we) (did) (did not) view the	9 and that in (my	, 19, fo (aur) apinian de	ath accurred an the d	late and haur and	(we) la from th
1		22b. SIGNATURE	hoss-	DEGREE PHYS.	DIRECTOR	STAFF D	DATE SIGNED	/_
1			VID MOSSMAN M. D.	22e. ADDR		SVILLE, MAR	YLAND	
2			RCH 11,1968 SACE	CEMETERY OR CREMATORY	Bu		MARY'S N	note)
68	24.	FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY REGISTI			23
06	1	W. CLARKE MATT	INGLEY LEONA	ARDTOWN. MD.	DAMAR 1 3	135H Villa	ulas Judge	3

MAKILAND STATE DEPARTMENT OF REALIT

THE STATE OF STREET

Χŀ	tem 11 Film DECEASED-NAME	First	Middle	ERTIFICATE OF		. DATE OF DEATH	046	2b. HOUR
1	(Type or print)	JULIA	Ann	BRYANT		MARCH Manth 15,	Day 1968 ear	20. 1100K
13	SEX	4. RACE		S. DATE OF BIE		1 100 11	IF UNDER LYEAR	IF UNDER 24 HRS.
	FEMALE		WHITE	FEBRUA	RY 18,18	lost birthday)	YRS, MONTHS CAYS	HOURS MIN
	i. BIRTHPLACE (State or fore nuntry)  MARYLANE	1.1	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVOR	(IED	ST. MARY 1 S		Mo
10	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS give street address)	TITUTION(If not in hospital		CUPATION (Kind of work do fworking life, even if retire		USINESS OR
13	a, USUAL RESIDENCE (Wher Imissian) STATE MARY	136.00	institution: Residence before	13c. CITY OR TOWN	3d. INSIDE CITY LIMITS? YES NO	Post Office		oint, Mo
1	I. FATHER'S NAME First	† A	Aiddle Last	IS. MOTHER'S MA	IDEN NAME First	Middle	le	last
L	PAUL	LAWRE			PATTY	FRANCES	Brown	N
1	Sa. WAS DECEASED EVER IN Yes, na, ar unknown)	U.S. ARMED FORCES (If yes give wor or dates of s				Addres		
F			se per line far (a), (b), and (c).)	WILLIAM N	BRYANT	AVENUE,	MARYLAND	ATE INTERVAL
I	Canditions, if any, which		TO, OR AS A CONSEQUENCE OF	ada Vinsia	- Can	lin Varender	ansecu.	
100	4201	ch gave buse (a).  g cause  CANT CONDITIONS C	TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF  (c)  ONTRIBUTING TO DEATH BUT NO		DISEASE ORCONDIT	tion GIVEN IN PART 1(0)	MGS CONSIDERED IN CER	RIFYING
	rise to immediate caustaing the underlying last.  PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION	ch gave on DUE use (a). DUE g cause DUE CANT CONDITIONS C	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH BUT NO FOR WHICH OPERATION WAS PER	OT RELATED TO THE TERMINAL REFORMED 200, AUTOF	DISEASE ORCONDIT	TION GIVEN IN PART I(0)  20b. IF YES, WERE FINDIN CAUSES OF DEATH?		RTIFYING
	rise to immediate constaining the underlying last.  PART 2. OTHER SIGNIFIC 190. DATE OF OPERATION  21a. ACCIDENT WAS UP 100 CONTRIBUTING 100 C	CANT CONDITIONS CONDIT	TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF  (c)  ONTRIBUTING TO DEATH BUT NO  FOR WHICH OPERATION WAS PER  TIME OF INJURY  JR A.M. Month Day Year  19	OT RELATED TO THE TERMINAL REFORMED 20g. AUTOR YES  21c. HOW INJURY OCCU	DISEASE ORCONDIT	TION GIVEN IN PART I(a)  20b. IF YES, WERE FINDIN CAUSES OF DEATH?  Tre of injury in Part I or Part	ort 2, Item 18.)	
	rise to immediate caustaining the underlying last.  PART 2. OTHER SIGNIFIC  19a. DATE OF OPERATION  21a. ACCIDENT WAS UP  Concontributing CAU  (If either, natify medica  21d. INJURY OCCURRED  While Not while  at work  at wark	CANT CONDITIONS CONDIT	TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF  (c)  ONTRIBUTING TO DEATH BUT NO  FOR WHICH OPERATION WAS PER  TIME OF INJURY  JR A.M. Month Day Year  P.M. 19  INJURY (AT HOME, FARM, STREET, FAC	OT RELATED TO THE TERMINAL REFORMED 20g. AUTOF YES  21c. HOW INJURY OCCU	DISEASE ORCONDIT	TION GIVEN IN PART I(a)  20b. IF YES, WERE FINDIN CAUSES OF DEATH?  City or Town	Caunty	State
	rise to immediate constaining the underlying last.  PART 2. OTHER SIGNIFIC  19a. DATE OF OPERATION  21a. ACCIDENT WAS UP  30 OR CONTRIBUTING CAN  (If either, notify medica  21d. INJURY OCCURRED  While Not while  at work  22a. I certify that  saw the dece  causes stated	CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CONDI	TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF  (c)  ONTRIBUTING TO DEATH BUT NO  FOR WHICH OPERATION WAS PER  TIME OF INJURY  JR A.M. Month Day Year  P.M. 19  INJURY (AT HOME, FARM, STREET, FAC	OT RELATED TO THE TERMINAL  REFORMED 20g. AUTOF  YES  21c. HOW INJURY OCCI  TORY.) 21f. LOCATION Street	DISEASE ORCONDIT	TION GIVEN IN PART I(a)  20b. IF YES, WERE FINDIN CAUSES OF DEATH?  City or Town  to death occurred an the	Caunty  , 19 S, that is a date and haur a	State
	part 2. OTHER SIGNIFIC  PART 2. OTHER SIGNIFIC  19a. DATE OF OPERATION  21a. ACCIDENT WAS UP  OR CONTRIBUTING CAN  (If either, natify medice  21d. INJURY OCCURRED  at wark  22a. I certify that  saw the dece  causes stated  22b. SIGNATURE	CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CONDI	TO, OR AS A CONSEQUENCE OF  (b)  TO, OR AS A CONSEQUENCE OF  (c)  ONTRIBUTING TO DEATH BUT NO  FOR WHICH OPERATION WAS PER  TIME OF INJURY  JR A.M. Month Day Year  P.M. 19  INJURY (AT HOME, FARM, STREET, FAC.  OFFICE BUILDING, ETC.	PROPERTY OF THE TERMINAL REFORMED 20g. AUTOF YES 100 21c. HOW INJURY OCCUPANTS OF THE PROPERTY	DISEASE ORCONDITION  SY?  NO UNIT OF R.F.D. No.  1 or R.F.D. No.  1 or R.F.D. No.  MED. DIRECTOR  MED. DIRECTOR  MED. DIRECTOR  MED.	TION GIVEN IN PART I(a)  20b. IF YES, WERE FINDIN CAUSES OF DEATH?  Vire of injury in Part 1 or Part City or Town  To death occurred an the	Caunty	State
	rise to immediate constaining the underlying last.  PART 2. OTHER SIGNIFIC  19a. DATE OF OPERATION  21a. ACCIDENT WAS UP  30 OR CONTRIBUTING CAN  (If either, notify medica  21d. INJURY OCCURRED  While Not while  at work  22a. I certify that  saw the dece  causes stated	CANT CONDITIONS CONDIT	TO, OR AS A CONSEQUENCE OF (b)  TO, OR AS A CONSEQUENCE OF (c)  ONTRIBUTING TO DEATH BUT NO  FOR WHICH OPERATION WAS PER  TIME OF INJURY  IR A.M. Manth Day Year  P.M. Manth Day Year  P.M. OFFICE BUILDING, ETC.  al) attended the decease  (c) (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease  (c) (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease  (did) (did nat) view the land of the decease	PRESENTED TO THE TERMINAL  REFORMED  20a, AUTOF  YES  21c, HOW INJURY OCCI  100Y,  21f, LOCATION Street  22d, frage  3 and that in (my  bady after death.  12e, ADDI  12e, ADDI	DISEASE ORCONDITION  PSY?  NO   JURRED (Enter nature)  or R.F.D. Na.  7. 19.56  1. (Our) opinion  G   MED.  RESS  LEO NAR	TION GIVEN IN PART I(a)  20b. IF YES, WERE FINDIN CAUSES OF DEATH?  Vire of injury in Part 1 or Part City or Town  To death occurred an the	Caunty  , 19 , that is date and haur a 22c. DATE SIGNED	State

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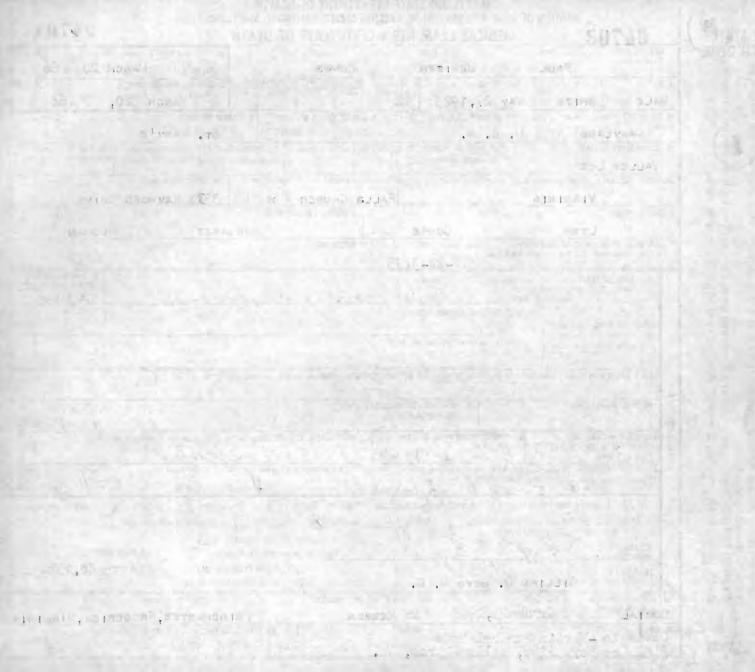
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cwar (Jawa) ... . ...

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor (Type or Print) DEATH MATED MARCH 20 2, and 3 to PM3. Poge 19 68 PAUL JENIFER COMBS partment of IF UNGER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR 2, and PM3. F Month MARCH Doy 20. 10 68 42 WHITE MAY 27, 1925 MALE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7a. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH country) MARYLAND WIDOWED F DIVORCED F ST. MARY S U. S. A. Poges Stote 120. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR be executed within 24 hours after death during most of working life, even if retired.) give street oddress) INDUSTRY VALLEY LEE Give the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along 13d. INSIDE CITY LIMITS? death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER lond 2 with odmission) STATE 13b. COUNTY in Item 18. FALLS CHURCH YES NO [ 3332 KAYWOOD DRIVE VIRGINI offer 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost REDMAN LYNN COMBE MARGARET sagod hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS in pencil (Yes, no. or unknown) (If was give war or dates of service) 578-22-3795 APPROXIMATE INTERVAL in ony event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSPOLIENCE OF Conditions, if ony, which gove rise to immediate couse (a). This certificate should necessory, please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 00 remayol, nseq 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES NO K be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 6 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING burial, cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stole foctory, office building, etc.) NOT WHILE FUNERAL DIRECTOR: Poge 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion Suicide X. Hamicide Undetermined monner deoth resulted from: Natural causes Accident | CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE MARCH 20, 1968 DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** WILLIAM D. BOYD M. D. ADDRESS(Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) March 23,1968 MT HEBRON WINCHESTER, FREDERICK, VIRGINIA **ADDRESS** 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Covington-Martin Fineral Home YR A15ME (5) 6161 Leesburg Pike, Falls Church, Va. 10M REV. 1/68



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
· (1/27)	L	CERTIFICATE OF DEATH	2
€ 22€		(True or wind)	HOUR
deo deo deo	,	(Type or print) FRANCES OPHELIA CUSICK MARCH 24, 1968	M
	3 5	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years FINAL IF UNDER TARK IF UNDER	R 24 HRS
s off	L	FEMALE CAU, 2-11, 1886 82 YRS, MONTHS DAYS HOURS	MJN
noon of the		BIRTHPLACE (State or foreign 7b. CHTZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 h		MARYLAND U.S.A. WIDOWED & DIVORCED ST MARYS	Md.
hin 24 filled filled thin 77	10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, eyea if retired)  120. USUAL OCCUPATION (Kind of work done during most of working ife, eyea if retired)  120. USUAL OCCUPATION (Kind of work done during most of working ife, eyea if retired)	S OR
with tely with with with with with with with with	1	- CONARDTOWN IST MARKS HOSD. HOUSEWIFE ID OMES	tic
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pagers. Pages hand should be filled with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours der Health	13o odm	USLAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER THE STATE YES NO NONE	
d ce	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
be ex and a remain and a remain an		MORRIS MONTGOMERY ALICE DAVI	5
ofe iciar leos onc		o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address	
that the death certificate ban. by the ottending physician transit permit. Then please cremation, or removol, and i		NO 215-36-1511 CHESTER DUCKLER CHARLOTTE HALL,	MD.
The Fire		18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b) and (c))	RVA. DEATH
eoth indii or re	1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conclude Therefore 12 in	
otte orm		TOUE TO, OR AS A CONSEQUENCE OF	
4	L	Conditions, if any, which gave (b)	
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sicio sicio al-t		lost (c) Colored Land	
equires that the physician. signed by the burial-transit burial, cremati		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
low re nding been s the ior to	Ιz	· V_J + 1	
s be as the prior	Ĭ	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN	IG
The Otter	CERTIFICATION	YES NO X CAUSES OF DEATH?	
AN: or cote	<u>1</u>		
YSICIAN: ospital or certificate hed for unit, of Health	MEDIC	(Iff either, notify med call exominer) P.M. 19	
ho ho ach ach ept	2	21d. INJURY OCCURRED  Visite Not while 1  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  Visite Not while 1  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  OFFICE BUILDING, ETC.	Stote
G PHN the he r this detact detact		of wark all wark	
be be Sto	L	22a. I certify that (I) (this haspital) attended the deceased from 19 1, 19 1, to 19 1, that (I) (v saw the deceased glive an 19 1, and that in (my) (aur) apinion death accurred an the date and hour and fr	ve) last
TEN TEN THE	L	causes stated above, (1) (we) (did) (did nat) view the body after death.	am me
# # # # # # # # # # # # # # # # # # #	L	22b. SIGNATURE 22c. DATE SIGNED	
OR De T	L	DEGREE PHYS DIRECTOR	
		22d. PHYSICIAN S 22e. ADDRESS	
O HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of t	L	NAME (Type) D. L. MOSSMAN MECHANICS VILLE, MD.	
FUN FUN	23a	a BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Lown) (County) (State	(e)
22522	L	BURIAGE 3-27-68 HLL FAITHS CEN. NEW MARKET, M.	D.
VR A15 (4)	24.	ADDRESS 250. RECTO BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 250. RECTO BY RE	الام
30M REV 1/68	1/	HUNTT FUNGRAL HOME, WALDORF, MD. DATE MAR 29 1968 yourlas Jud	



I Item	MARYLAND STATE DEPARTMENT OF HEALTH  1/9/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	4/9/68 kdk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BACTIMORE, MARTLAND 21201	70.3
HEALTH DEBYS	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D	Doy Yeor 25 HOURD
04 E 0 E 0	(Type or Print) James Tommy Dodd OF ESTI DEATH MATED March	
A 200 00 00 00 00 00 00 00 00 00 00 00 00	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE, n. years 1.5 UNDER 1.7 FARE IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUND
ny delay 2, and 3 Page Portion	Male Caucasian May 12,1947 19208 March 31.	Year 19 681125M
	70 SIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH	
form form	COLINTY Oklahoma U.S. WIDOWED DIVORCED St. Mary's	Md.
after death  8 Give Pages 1, 2 along with form with the State Depi	ave street oddress) Tation nospital adving most of working if even if retired)	26 KIND OF BUSINESS OR NDUSTRY USIN
fter de Give ong w th the	ISO USUAL RESIDENCE (Where deceosed I ved. furshtut.on Residence before) ISC CITY OR TOWN	ion
afte 8 6 alor alor with	odmission) STATE Okla. 13b COUNTY Carter Wilson YES NO Post Office I	R 77 6
thours after deoth ltem 18 Give Pages 1, Office along with form lond 2 with the State De ofter death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	James Percy Dodd Myrtle Allen Medders	
d be executed within 24 d "pending" in pendil in Chief Medical Exominer's fronsit permit file pages by event within 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	(deceabed)
executed within anding" in pencil Medical Exomine t permit File pagent within 72 have	(Yes, no, or unknown) Oct 65-Mar684474-41-994 Official U. S. Navy Record	i a
be executed with per pending" in per hief Medical Exomonsit permit File perent within 72 le	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
cute ng: dica with	PART 1 DEATH WAS CAUSED BY INJURIES, MULTIPLE EXTREME	15 minutes
exe endi Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I burial-tronsit	Conditions, If ony, which gove a rise to immediate couse (a), (b)	
word word the Ch rrial-tra	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
to the buri	(c)	
This certificate should icote, writing the word be forworded to the Cl dbe used as a burial-truar removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certification with convoice or work with the convoice of the c	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for to	196. CONDITION FOR WHILE OPERATION  WAS PERFORMED?  210 EXTERNA. CAUSE WAS 216 TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item	YES NO
INER: Te certifice shauld be files as hould at on, ar	210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 INFO PORT 2, Term 210 EXTERNAL CAUSE OF DEATH 211 100 M Mar 31 19 Auto accident  210 EXTERNAL CAUSE WAS 210 INFO PORT 2, Term	
XAMINER: te the cert ge 4 shauld your files 'age 3 shou cremat on,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, 21f LOCATION Street or R.F.D. No City or Town	County Stote
EXAMINER: cute the cert oge 4 should report these should be should	At WORK AT WORK Street Street Route 235, California, St. Mary	y's, Md.
DEPUTY SICAL EN ressary, peose execut e funero director Pog moy be retoined for ) FUNERAL DIRECTOR: P	220   certify that I took charge of the remains described above, held on Autopsy 💢, Inspect on 🕱, Inquiry 🔯,	and in my opinion
SICAL e exerctor Pred for Pred for burio burio	death resulted from . Natural causes . Accident 🔀 Suicide . Homicide . Undetermined manner .	]
p eose e director retoined	ACTUAL J.J. WITOWSKI, LT, MC, USNY CHIEF MEDICAL EXAMINER	
ny, pero be re RAL pr.o	SIGNATUREMD ASSISTANT MEDICAL EXAM.NER	/
O DEPUTY necessary, the funero 5 may be 7 FUNERAL	EXAMINER'S /// JOST / J	3-00
TO DEPL necessor the fun 5 may TO FUNE Health	WIELING PULL	County) (Stote)
5 - 2	REMOVAL (Specify) TRANSIT  4/3/68  WILSON, OKLAHOM	. //
	2 ELINEA DIRECTOR CONTROL ADDRESS 250 RECD BY REGISTRAR 250 REGISTRARS S C	
VR A15ME (5) 10M REV 1768	JOHN M. WELCH - LEONARDTOWN, ND. DATE APR 5 - 1968 ACLION	la Judge

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		1			אטואועוע	MARYLAN	D STAT	E DEPARTM	ENT OF HEAL	TH	201		
	,	1	ء بالأو	706 Item#13 i	r or,	of vital RECORDS, taken from	CERTIF	ICATE OF	DEATH	KE, MAKILAND 21.	201	h-m,	(1) 44
	z de	I	1 DE	CEASED-NAME First		Middle		Last		DATE OF DEATH			2b. HOUR
	death	2/	(T	rpe or print) Baby		Girl		Dorse	У	Month March	2₩.	1968_	5:10PM
	and the second	-\	3. SE		4. RACE			S. DATE OF BII		6. AGE (In ye	ars	IF UNDER 1 YEAR	IF UNDER 24 HRS
	the transfer of the transfer o	7	١	Female		Negro		March 2	27, 1968	last birthda	y) YRS.	MONTHS DAYS	HOURS AMAN
	\$ 6 G	<b>3</b>		IRTHPLACE (State or foreign	7b. CITIZEN O	OF WHAT COUNTRY?	B MARRI	D NEVER MARI		UNTY OF DEATH			
	requires that the death certificate be executed within 24 hours after death g physicion.  I signed by the ottending physicion and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and bunal, cremation, ar removal, and in any event, within 72 bours after death		coun	" Maryland	U.	S.	WIDOW		CED 🗍	St. Mary	8		Md.
	in 2	47	10 CI	TY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS	NOITUTITE	If not in hasp tal		UPAT ON (Kind of work	done	12b. KIND OF B	JSINESS OR
	with view	16		Lepnardtown		give street oddress) St. Mary'	s Ho	spital	during most of	working life, even if re	tired.)	INDUSTRY	
	ed v	E 12	13o	SJAL RESIDENCE (Where decease	d lived, if ins	stitutian Residence before	13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUM	BER		
	compose / ev	Y	Oulins	Md.	ISB. COON	" Charles /	Bry	antown	YES NO				
	ext on)	0	14. F	ATHER S NAME First	Midd	dle i.ost		IS. MOTHER'S MA	AIDEN NAME First	Mi	iddle		Last
	n o n o se r			Charles	All				Mary	Ellen		Ed	elen
	cote Sicio Plea plea		16a. Ye	WAS DECEASED EVER IN U.S. ARM es. na. ar unknown)   (11 yes give we	ED FORCES? Ir or dates of service	16b. SOCIAL SECURITY I	NO. 1	7. INFORMANT			dress		
	of the death certific the ottending phys nsit permit. Then p			es, na, ar unknawn) (II yes gwe we 120				Mother	, 1	Bryantown,	Mary.		VE INTERVA.
	h ce ing			18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause p	per line far (a), (b), and (c).	)	dan				BETWEEN ONS	SET AND DEATH
	leat end mit.				TE CAUSE (a) .	tielui	wall	Hele	croud			11 kr	140 huy
	he c			//6./	DUE TO,	OR AS A CONSEQUENCE OF		1	000 1	400-00-4	1		
	of t the nsit			Canditions, if any, which gave asset a immediate cause (a),	(b).		UBR	urces	- 28-30	OWIS SESTA	1204	1	
	the tro			stating the underlying couse lost.	DUE TO,	OR AS A CONSEQUENCE OF				U			
	uire hysid gne gne ural			PART 2. OTHER SIGNIFICANT CON	(c)	PIRLITING TO DEATH RUT NO	OT RELATE	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1/a			
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-tron should be filed with the State Dept of Health prior to burnal, cre			) , ~ ~	MITORS COM	KIDOTINO TO DEKITI BUT IN	OI KLLAILI	TO THE TERMINAL	DISEASE OR CONDI	TON GIVEN IN PART I(G)			
	aw ndin bee		CERTIFICATION	190, DATE OF OPERATION 196, C	ONDITION FOR	R WHICH OPERATION WAS PE	RFORMED	20o. AUTO	PSY?	20b IF YES, WERE FIN	DINGS CO	NSIDERED IN CER	TIFYING
	he I	4	IFICA			•		YES	NO [ <del>∑</del> a^	CAUSES OF DEATH?			
	or or or us	4	(EE)	210. ACCIDENT WAS UNDERLYING	21b. TIA	ME OF INJURY	210			re of injury in Part 1 or	Part 2, It	em 18)	
	CIAN if a life of the state of		EDICAL	OR CONTRIBUTING CALSE OF OF ATH	HOUR /	A.M. Month Day Year P.M. 19				, ,			
	YSt nosp cer ched pt o			21d, INJURY OCCURRED   21e.	PLACE OF INJU			LOCATION Street	t or R.F.D. No.	City or Town		County	State
	PH he this this leta			While Not while at wark		OFFICE BUILDING, FIC	- 1						
	ING Individual			22a. I certify that (1) (this	s haspital)	attended the decease	ed fram.	3/27	, 1968	, to 3/27	_, 19_	<u>68</u> , that (	I) (we) last
	ed led led lid lid lid lid lid lid lid lid lid li			saw the deceased al	ive an	3/27 1 did) (di <del>d-net</del> ) view the	968	and that in (my	y) ( <del>ew</del> r) apinian	death accurred an	the date	e and haur a	nd from the
	tain TO			22b. SIGNATURE	(i) <del>(ana)</del> (i	uld) (ula-ner) view ine	oddy dii	er dedir.			22c D	ATE SIGNED .	
	P re re REC 3 s s d will			Wheliam	d.	Muchno	AID	GREE PHYS	IG MED MED DIRECTO	OR STAFF	3		V
	y by by by file of the file of			22d. PHYSICIAN'S		1		22e, ADDI		7 - (1113 -			
	ERA ERA Mr, p			NAME (Type)									
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital of O FUNERAL DIRECTOR: After this certificat director, page 3 should be detached for Should be filed with the State Dept of Hei	1	23a	BURIA, CREMATION, 23b. D	ATE _	/ 2397 NAME OF	CEMETERY	OR CREMATORY	/) 23d	LOCATION (City or Tow	m)	(County)	(Stote) /
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 bours at	,		REMOVAL (Specify)	128/	68 St. M.	ary	Chur	ch B	ryantour	1 Ch	wills	Mod?
	VR A 15 A	d .	24	EUNERAL DIRECTOR	1	ADDRESS			2Sa. REC'D BY REG	V 0	ISTRAR S S		
, 1	30M REV. 1	/68	-	Martell and	and	A lepha	000	ind;	DATE APR	₹4 1968	fice	carles	
· ·		,				-					-	-	

/ T (N )	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7
HEALTH DEPT	DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day Year	2b. HOUR
1 Nr 1	(Type or Print) ADA O. FLEETON DEATH MATED MARCH 31, 168	M
3m & 2	DESCRIPTION OF THE PROPERTY OF	2d HOUR
ny deloy is 2, and 3 to PM3 Poge	FERRAL STATES AND	
2, 2, P.A. P.A. Port	o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	- M
-, E 90	DUNTRY MARYLAND U. S. A. WIDOWED DIVORCED ST. MARY'S	M
a fo	O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSI	NESS OR
offer deoth any deloy is 8. Give Pages 1, 2, and 3 to olong with form PM3 Page with the State Deportment	PINEY POINT give street oddress) during most of working life, even if retired.) INDUSTRY	
Sive ng h th	30 USUAL RES DENCE (Where deceased I ved, if institution. Residence before 13c CITY OR TOWN 13d MSIGE CITY LIM 15? 13e STREET AND NUMBER	
s ofter olong with death	Odmission Washington D. 26 COUNTY WASHINGTON YES NO 1528 FORT DAVIS PLACE	S.E.
hours offer deoth tem 18. Give Pages 1, Office olong with form 1 and 2 with the State De affer deoth	4. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost	
4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	THOMAS CLAY VIOLA BLACKWELL	L
hin 24 nul in l niner's poges l hours	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WASHINGTON.	D.C.
	(Yes, no, or unknown) (If yes give word dates of service) FLETCHER FLEETON 1528 FORT DAVIS PLACE S	.E.
in pe I Exar File	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	NIERVA.
be executed "pending" in lief Medicol E insit permit F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastates tumor of brain 2 mck	-
Med per	DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe ansit	(conditions, if any, which gave) (b) Ca of breast - 2 yes	(C/L)
vord vord ne Ch ol-tro	rise to immediate couse (a), (b)  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be en word "per to the Chief " buriof-transit	lost.	
This certificate shauld cate, writing the word be forwarded to the Che used as a burial-traint removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IM PART 1(0)	
ifico ridea os os	z // X	
certifi orwor used movo	196. DATE OF OPERATION 197. CONDITION FOR WHICH OPERATION 20. AUTOPSY WAS PERFORMED?	?
hts ate, le fo be c	AE2	NO 🔀
	210 EXTERNAL CAUSE WAS 215 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
cert cert should be should	CAUSE OF DEATH P.M 19	
EXAMINER: ute the cert age 4 should ryour files. Poge 3 should tremotion.		Stote
DEPUTY DICAL EXAM cessory, pleose execute the e funeral director. Page 4 moy be retoined for your fluoreAL DIRECTOR: Page softh prior to buriof, crem	AT WORK AT WORK	
ICAL E executor. Paged for CTOR: F buriol,	220. I certify that I took charge of the remains described above, held on Autapsy 🔲, Inspection 🔀, Inquiry 🔀, and in my	y apınian
please ey director. retoined DIRECTO to bur	death resulted fram: Natural causes 🔼 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	
pleose director retoined or to b	CHIEF MEDICAL EXAMINER	
y, ple graf di se refr AL D	SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED	
DEPUTY, ecessory, ne funeral moy be a FUNERAL eoith pri	EXAMINER'S  DEPUTY MEDICAL EXAMINER   4-1-68	
ro DEPUTY necessory, the funera 5 moy be ro FUNERA Heolth pr	NAME (Type) WILLIAM D. BOYD M. D. ADDRESS(Street, aty, town, or county)	
2 = 2 = 0	Committee (Specific)	tote)
0 %	24. FUNERAL DIRECTOR:  14-9-68 /Incoln Milemerial Duition 14 Son REGISTRAR'S SCHATURE  14.5. Whishington & Sons 4925 Deane Rue  Date ADD E 1000 Victorial Victorial	U
I/A IA	II & Illian to and the stand of	ege.

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	1	DIVISION				AKTMENT OF N STREET, BALT		LAND 21201			
FOR STATE		2003				ERTIFICATE				( ')	6
HEALTH DEPT		PECEASED NAME First		Middl	В	Lost		20 DATE KNOWN	Month Doy	Yeor	2b. HOUR
2, and 3 ta PM3 Page		Type or Print)  LULA		MARIE			PER	20 DATE KNOWN DEATH MATED X	3/30	€8	W
offer death Iny delay is 8. Give Pages 1, 2, and 3 ta alang with farm PM3 Page with the State Department death.	3 5	EX 4. RACE	S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	IF JNDER 24 MRS HOURS MIN.	2c DATE PRONOUNCED D	DEAD	1.1	2d HOUR
y de grand and and and and and and and and and		Temale Negro	1/20/04		64 YRS			March D	3YO Yea	168°	P- M
n 2, 2, 2, epo	70	8-RTHPLACE (Stote or foreign 7	CITIZEN OF WHAT	COUNTRY?		RRIED NEVER MA	A 1	UNTY OF DEATH			
farr farr	1001	MARYLAND	U.S.A.				RCED	St. Mary's			Md
Pag Pag Sta	10. (	CITY OR TOWN OF DEATH		E OF HOSPITAL et oddress)	OR INSTITUTION	(If not in hospital		CCUPATION (Kind of work	done 12b KIN tired.) INDUSTR	D OF BUSH	VESS OR
d within 24 hours after death in pencil in Item 18. Give Pages 1, Examiner's Office along with farm. File pages 1 and 2 with the State Dein 72 hours after death.		echanicsville		HANTES	VILLE	Md.	HOUSE	of working life even if ret WORK		ESTI	
s after 18. Giv alang		USUAL RESIDENCE (Where deceased	1.101 COUNTY				d INS DE GTY LIM TS?	13e STREET AND NUMBE			
urs ce ce d2 v		daryland	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ry's		anicsvill		Mechanics			and
thaurs Item 18 Office I and 2 v	14. 1	FATHER'S NAME First	Middle		Lost	IS MOTHER'S MAI		***************************************		Lost	
24 min sirs sirs ars	1/.	DANIEL	ancero L.	HAR			LUL			HARR.	<u>IS</u>
within 24 pencil in xaminer's ile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED For fes. no, or unknown) (If yes give w	JKCES? [[6 or or dates of service]	b. SOCIAL SECU	RITY NO	17. INFORMANT		ADDRESS			
f with per Example File	-					HELEN H	ARPER	1733 PENN.	VE BAL	PPROX MATE	ld.
be executed "pending" in ief Medical Esansit permit. Esansit permit. Esevent within		TB. CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	DV							THE CHARTE	
e executed pending" in pending is medical I misit permit.		IMMEDIA	E CAUSE (o) Art			c Cardiov	ascular	Disease			
pen pen of M		Conditions, if only, which gove )	DUE TO, OR AS	A CONSEQUEN	ICE OF						
d be d 'pe Chief Iransil		rise to immediate cause (a),	(b) DUE TO, OR AS	A CONCEOUE	NEL VE		<u></u>				
should be re the ward "per to the Chief- burial-transit		stating the underlying cause lost.	DUE TO, OK AS	A CONSEQUE	ICE OF						
ote sha g the w ed to th s a buri			(c)	TO OCATIL DU	T NOT DELIVED	TO THE PERMINAL O	ICTACE OR CONOR	ON CHIPM IN CART 1/ 3			
s certificate should be executed within 24 e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emaval, and in any event within 72 haurs	_	PART 2 OTHER SIGNIFICANT CONDI	IONS CONTRIBCTING	TO DEATH BU	I NUT KELAJEU	TO THE TERMINAL D	ISEASE OK CONDITI	UN GIVEN IN PART I(0)			
us certific te, writin farwards e used as remaval.	NO J	190. DATE OF OPERATION	19		FOR WHICH OP	ERATION			20	. AUTOPSY	,
	MEDICAL CERTIFICAT			WAS PERFO	RMED?					YES []	NO X
두 일을 유 교 교	EE	210 EXTERNAL CAUSE WAS	216 TIME OF INJ	URY Month, Do	γ, Yeor	TO HOW INJURY OF	CURRED (Enter not	ure of injury in Port 1 or F	ort 2, Ifem 18.)		
INER: Te certifice should be fires. 3 should as should be should b	SE	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.		19						
KAMINER: te the certi ge 4 shauld ge 4 shauld your files. 'age 3 shaul crematian,	ME		ACE OF MURY (At I	home, form, st	reet,	21f LOCATION Street	or R F D No	City or Town	Count	Y	State
CAL EXAMINER: execute the cert or. Page 4 shauld of far your fies. TOR: Page 3 shauburial, crematian,		AF WORK AT WORK 1001	ory, ornce building,	erc.j							
please execute I director. Page reta ned for you. DIRECTOR: Page or to burial, cre		22a 1 certify that I to	ak charge of the	remains de	scribed obov	e, held an Auto	psy 🗐, Ir	spectian 🗶 Inqu	iry , or	nd in my	opinion
E e e e e e e e e e e e e e e e e e e e		death resulted fram:	Natural causes	X, Ac	ident	Suicide,	Homicide	, Undetermined me	anner 🔲		
diese e director director police.		11/11/11				CHI	EF MED CAL EXAMI	VER			
		SIGNATURE ALLE	505	200	// ,	M D ASS	STANT MEDICAL EX	AMINER 22	b. DATE SIGNED		
		EXAMINER'S Werner	U. Spitz	, M.D.			UTY MEDICAL EXAM		4/1/6	58	
TO DEPUTY necessary, the funera 5 may be TO FUNERAI		NAME (Type)					RESS(Street, city, I				
5 g = 2 5 g	230	Burtal, (REMATION, 23b PEMOVAL (Spec fy)		1		OR CREMATORY	230	4. LOCAT ON (City or Town)	(County)	) (Ste	ote)
7.0	60	BURTAL DIRECTOR	5/1968	S'	L. JOS Address	EPH,S	2So REC'D BY R	MORGANZA	ST MA		Md.
VR ATSME (1)	120	Town Mill fall	W						TIKAK 3 SIUNAIU)	in .	-0
10M REV 1 68		JOHN M. WELCH	LEO	NARDTO	NN MAR	YLAND	DATE APR	5 <u>1968</u>	Markey	V-stary	An .



1 1			DIVISION OF VITA		STAIE DEPARIMEN II W. PRESTON STREE				
'		- 101	DIVISION OF VITA		RTIFICATE OF D		MARILAND 21201	Co.	) .
e   i		CEASED-NAME First		Middle	Last	2a DA	TE OF DEATH	2	b. HOUR
death	(Ty	pe ar print) ROBERS	יי אַנ	RRAY	HUNT		MARCH 6	1968	M
3	, SE		4 RACE		S DATE OF BIRTH	1	6 AGE (In years		NDER 24 HRS.
Т		MALE	WHITE		3/30/	1904	last birthday) 163 YRS.	MONTHS DAYS HOU	IRS MIN,
		IRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	UNTRY? 8.	MARRIED NEVER MARRIE	9 COUNT	Y OF DEATH		
ľ	COUN'	CO. MD.	USA		WIDOWED DIVORCED	_	T. MARYS		Md
	0. C	TY OR TOWN OF DEATH	11 NAME OF gave street of	HOSPITAL OR INSTIT ddress) MARYS H	UTION (If not in haspital	126 USDAL OCCUPA	ATON (Kind of work done rking life, even if retired.) RED	12b. KIND OF BUSIN INDUSTRY SATJES	IESS OR
-		EONARDTOWN  SUAL RESIDENCE (Where decea	ST a	MARYS H	OSPITAL LINE	INSIDE CITY LIMITS?	RED  Se. STREET AND NUMBER	SALES	MAN
c	idmi:	ision) STATE  MARYLAND	1 13h COUNTY	1		ES NO T	SE. SIREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·	
Ī	4 F	ATHER S NAME First	Middle	Lost	IS. MOTHER'S MAIDE	EN NAME First	Middle	Lo	ost
		ROBERT	MURRAY	**		LINE	DUNKINS	LEI	2
Γ	16a. Y	WAS DECEASED EVER IN U.S. AR. (If yes give	MED FORCES? 16b S	OCIAL SECURITY NO	17. INFORMANT		Address		
L	- '	NO	21	4 03 629	5 MR. ROB	ERT M. HU	NT III LEONA	RDTOWN, MI	
П		1B. CAUSE OF DEATH (Enter of	nly one cause per line for	(a), (b), and (c).)				APPROXIMATE IN BETWEEN ONSET A	ND DEATH
-1	4	PART 1. DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (a) <u>Cere</u>	inal ha	mounts of			15 /2	2,
		211.8	DUE TO, OR AS A CO	INSEQUENCE OF		\$+A	\ _\		
		Conditions, if any, which gave rise to immediate couse (a),	(b) (V)	Tresas (e	war and the	الما ي العالم	in defict	SYR	
	-1	stoting the underlying couse	DUE TO, OR AS A CO	INSEQUENCE OF		G.			
1		last.	(r)						
ı		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO THE TERMINAL DI	ISEASE OR CONDITION	GIVEN IN PART I(a)		
1	NO.	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OP	DATION WAS DEDEC	DRMED 200 AUTOPSY	72 12	Ob. IF YES, WERE FINDINGS CO	INCIDEDED IN CERTIF	VINC
1	FICA	170 DATE OF OPERATION 170.	CONDITION FOR WHICH OF	ERATION WAS FERFO	YES T		AUSES OF DEATH?	MSIDERED IN CERTIF	INO
1	CERTIFICATION	216. ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJUS	Y			f injury in Port 1 or Port 2, 1	tem 181	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Mar	ith Day Year	21. HOW HOOK! OCCOM	ver femal motole o	and at mir and a mir at a	1917 191]	
	MEDICAL	(If either, notify medical exam 21d INJURY OCCURRED 21e		AE, FARM, STREET, FACTOR	Y.) 21f LOCATION Street o	r R.F.D. No.	City or Town	County	State
		While Not while O					,		
		22a. I certify that (I) (th	ns haspital) attended	the deceased	from	, 19, to	ath accurred an the dat	/ that (I)	(we) last
		saw the deceased o	olive an e, (l) (we) (did) (did i	int) view the ha	, and that in (my) dv after death	(aur) apinian de	arn accurred an the dal	re ana naur ana	tram the
		22b. SIGNATURE	-, (-, () () ()	( )			220 0	DATE SIGNED	
		1 sh	n 1. Ler	une h	REGREE PHYS.	MED. DIRECTOR	STAFF STAFF	/8/1968	
ł		22d. PHYSICIAN'S		1	22e. ADDRES	SS .			
1		NAME (Type)	JOHN F. F	ENWICK M.	D. LEO	NARDTOWN,	MARYLAND		
1	23o		DATE		WETERY OR CREMATORY	1	OCATION (City or Town)		tote)
	0		3/9/1968		LOYSIUS CEME		LEONARDTOWN,		
K	24/2	FLINERAL DIRECTOR - ME	lele	ADDRESS		Sa. REC'D BY REGISTI		SIGNATURE	
ľ		JOHN M. WEICH	- LEONARDTO	JWN, MARYI	AND D	ATIMAR 11	1968 Julian	200	



1 /2.	MARYLAND STATE DEPARTMENT OF HEALTH	
[4] }	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	m 13 24
. 2	1 DECEASED NAME First Middle Lost 2a DATE OF DEATH	2b. HOUR
death neral and 2 death	(Type or print) MARGARET PRISCILLA JOHNSON MARCH Month 13, Doy1 968 eor	M.
5 2-3		IF UNDER 24 HRS
the the safe safe	FEMALE NEGRO MARCH 3, 1884	HOURS MIN
a Residence	7a BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 h d in pers 72 h	MARYLAND U.S.A. WIDOWED DIVORCED ST. MARY S	Md.
filled in papers.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired )  12b. KIND OF BI during most of working life, even if retired   INDUSTRY	JSINESS OR
with ely f ban ban	LEONARDTOWN ST. MARY'S	
e executed with and completely tremove carban any event, wit	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY ST. MARY'S VALLEY LEE 15d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN	
exe emo	14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
n all	ALECK MORGAN EASTER TRAVIS	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e hospital ar attending physician. It is not that the executed within 24 haurs after death his certificate has been signed by the attending physician and completely filled in 17 the toperal stacked for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
rear The province of the provi	1 BELIMEN ON	ITE INTERVAL EZ AND DEATH
eath endir oit. ar re	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Tomany Hashiston my	1
at the death cer the attending partite of the institute of the institute of the original of the institute of	DUE TO, OR AS A CONSEQUENCE OF	1
the the radii	(b) Conditions, if any, which gave is to immediate couse (a).	1
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equires physici signed burial-i burial,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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endi endi s be as t	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CER CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Jam 18.)	TIFYING
The part X	E NO □ GROSE OF DEATHY	
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OR ATTENDING be retained by the NRECTOR: After in e 3 should be ded with the State	22b. SIGNATURE 22b. SIGNATURE ATTENDING MED STAFF 22c DATE/SIGNED 22c DATE/SIG	1101
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O HOSPI Page 4 π O FUNER director, shauld b	230. BURIAL CHEMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
Page Alice Short	BUNDA Sporty 3/18/ 1968 ST. MARKS VALLEY LEE ST. MARY'S A	•
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30M REV. 1/68	W. CLARKE MATTINGLEY LEONARDTOWN, MD. DATE MAR 1 9 1968 Comes you	0

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1	1		MAKTLAN DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF		
		18711	•	CERTIFICATE OF DEATH		J # ( U J
- E = S =		CEASED NAME First	Middle	Lost	2a DATE OF DEATH	2b HOUR
~) \$ 13 B	f l	ype or print) RALPH	HOWARD N	MC GARITY	Manth Doy NARCH 2	1968 10:30E
1	3 SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
th the		MALE	WHITE	11/16/188	7 80 YRS.	7,000
Hours hours	7o 1	ntry)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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ertificate be physicion o nen please i	160. Y	WAS DECEASED EVER IN U.S. ARMI es, no. or unknown) (If yes give wo	r or dates of service)		Address	
phy novo	H				MC GARLTY LEXING	TON PK MD
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N: T or or o		210 ACCIDENT WAS UNDERLYING		, –	iter nature of injury in Part 1 or Part 2,	Item 18.)
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DIN by Stoi		220. I certify that (I) (this	haspital) attended the deceos	96 Y and that in (my) (amb)	pinion death occurred an the do	<u>CX</u> , that (I) ( <del>we) la</del> st
TEN ined puld the		couses stated above,	(I) (we) (did) (did net) view the	bady after death.		ne ona noor and nom me
reto Preserve shirth	ı	22b. SIGNATURE	() //	ATTENDING	MED. C STAFF C	DATE SIGNED
be ge 3	ı	WK	tramely.	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	3/3/68
PITAI MOY RAL Po be fi		22d. PHYSICIAN'S NAME (Type) WM.	H. PATRICK M.D.		TON PARK, MARYLAND	
IOSF IE 4 UNE Sector	230	BUR AL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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30M REV 1/68	L	JOHN M. WELCH	- LEONARDTOWN, MD	DATE	IR 5 1968 fclio	ras juige



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		18. CAUSE OF DEATH (Ent	AUSED E MEDIATE Jove ) (a), (	The cause per line for (o), (b), Y: CAUSE (a)  DUE TO, OR AS A CONSEQUE (b)  DUE TO, OR AS A CONSEQUE (c)	y our	6	-05/2	te			APPROXIMA BETWEEN ONS	IE INTERVAL ET AND OEATH
	NO.	•		TIONS CONTRIBUTING TO DEATH						c CONCID	roco ili cco	TIFUING
2	CEMPLICAT	19g. DATE OF OPERATION		NDITION FOR WHICH OPERATION	I WAS PERFORM	YES 🗀	но 🔀	CAUSES (	ES, WERE FINDING OF DEATH?			IIFYING
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	W	21d. INJURY OCCJRRED While Not while at work		ACE OF INJURY ( AT HOME, FARM, OFFICE BUILDING,		21f LOCATION Street			r Town		unty	State
		22a. I <b>certify</b> that () saw the decease causes stated a	P(thise ed alive bave, (	hospital) attended the ceepn Wi wr	deceased from 1962 w the bady	m YV 34, , and that in (my) ofter death.	, 19 <i>6.</i> ) (our) opinio	on death oc	curred on the	19 <u>6)</u> date or	st, that ( nd hour o	I) (we) last and from the
		22b. SIGNATURE		1 Res	Le	DEGREE ATTENDING	DIREC	CTOR 🗆	STAFF 2:	2c. DATE !	SIGNED 2-6	8
1		22d. PHYSICIANS NAME (Type) T.EC	n W				HANICS			D^		
0	F	BURAL CREMATION, REMOVAL (Specify) UTLAL	23ь. DA 3 <b>—</b> 6	-68 st.	Peter			Waldor	(City or Town) of Charle	es M		(State)
9. J.	24. F	funcial director writt Funeral	Но	me Waldorf, M	d. 2060	1	DATEMAR	8 196	25b. REGISTRA	RS SIGN	ATURE	Ma ,



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 1
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Dov. Ye	or 2b HOUR
ay Is 3 ta 3 ta Page	(Evne of Print)	9682:45W
delay and 3 and 3 and 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 14 HRS. 2c DATE PROMOUNCED DEAD	20 HOUR
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m , 2	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED  9 COUNTY OF DEATH	
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2 4 E - 00	WYNNE  130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before) 13c city OR TOWN  13d MSDE City (Min IS? 13e STREET AND NUMBER	
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tem Office I and	.4 FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	Lost
	ALTON LEE NICHALSON FRANCES LEE SMI	TH
hin 24 ncd in niner's pages haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
s within n pencul Examine File pag	A.LEE NICHALSON RIDGE, MARYLAND	
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please e directal retained DIRECT	CHIEF MEDICAL EXAMINER	
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PU1 SSGIT UNE NER NER	EXAMINER'S  DEPUTY MEDICAL EXAM.NER & 2-6-	68
TO DEPUTY SICA PLOAD THE FUNETAL DIRECTOR S may be retained TO FUNERAL DIRECTOR Health priar to but health	NAME (Type) WILLIAM D. BOYD M. D. ADDRESS (Street, city town, or county)	
5 + 25 + 4	230 BURIAL (REMATION, REMOVAL (Specify)  BURIAL  MARCHS. 1968  23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town) (County)  RIDGE. ST. MARY'S.	(Stote)
a fi	24 FUNERAL DIRECTOR ADDRESS 1250 REGIDERARS SIGNATURED	MARYLAN
VR ATSME (ST)	24 FUNERAL DIRECTOR ADDRESS 256 RECD BY REGISTRAR 1256 RECOVERS SIGNATURED DATE MAR 1968	3

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAM Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) ROBERT SPAULDING MARCH RUSSELL ourial-rransit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3 SEX S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS by m. Pages MONTHS DAYS HOURS last birthday) MARCH 9. XX 1891 MALE WHITE requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XT NEVER MARRIED ⊑ country) U.S.A. WIDOWED DIVORCED [ ST. MARY 5 MARYLAND filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY the attending physician and completely fi sit permit. Then please remave carban MEDLEY S NECK 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b COUNTY NO. ST MARY S MEDLEY S MARYLAND 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MA DEN NAME First Middle RUSSELL FLOYD JAMES ANNA 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address MARYLAND Yes no acunknown) Lit ves give war or dates of service MRS BERTLE R. RUSSELL RT. 1 BOX 65 LEGNARDTOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), 16), and (c), RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗌 NO TE 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark at wark 🗀 OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 120 1956, ta \_1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an... FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** director, page 3 shauld be filed w PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) CHARLES GREENWELL M. D. MARYLAND LEONARDTOWN. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b DATE (State) 23g. BURIAL, CREMATION (County) BREADYA (Specify) MARCH 28,1968 OUR LADYS CHAPEL MEDLEY'S NECK, ST. MARY'S MD. ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR ATS Charles Jusque 30M REVIVE W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND



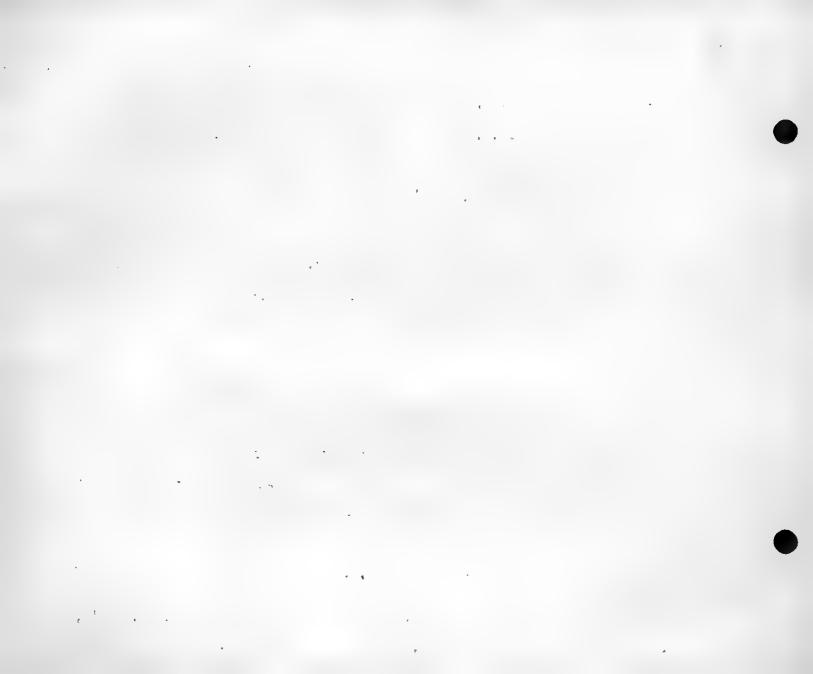
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Man Pool	3 SEX	4 RACE	S DATE OF BIRTH	6. AGE per years I UNDER 1 YEAR I GAYS MONTHS   OAYS		2c. DATE PRONOUNCED DEA	
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	\\//;	Hiam	Scott	- 13. MOTHER 3 19	Rose	Middle C	Wheeler
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	(Yes, no, or ur		war or dates of service)		RUSSELL (	CLEMENTO. MAR	OVI AND
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	Condition	s, if any which gave	(b)	ortal circles	Many		Inr
		mediate couse (o), e underlying couse	DUE TO, OR AS A CONSEQU	ENCE OF			
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	PRIMARY	OR CONTRIBUTING	HOUR A.M.		OCCURRED (three hold	re of injury in Port 1 or Part	Z, 110 <sup>th</sup> 10 j
	PRIMARY CAUSE OF 21d INJUR		PLACE OF INJURY (At home, form,	street, 21f LOCATION Stre	et or R F D. No.	City or Town	County State
	WHILE	MOT WHILE TO	octory, office building, etc.)	211 LOCA (1019 3118	O NI D NO	ciry of town	5031114 2(016
	AT WORK	AT WORK	took charge of the remains d	accribed above held an A	toncy 1	anglian 7 - Income	ond in municipality
		h resulted from	/	ccident . Suicide .	ropsy, ins Homicide	Undetermined mon	ond in my opinior
	0.601	i resulted trolli	A A A		HIEF MEDICAL EXAMINI		HEI
	ACTUAL SIGNATU	20	1115 13	1/2.5	ITIEF MEDICAL EXAMINI ISSISTANT MEDICAL EXA		DATE SIGNED
	EXAMINI		10-10	III.U.	EPLTY MEDICAL EXAMI	STITUTE R	2-1-1-8
	NAME (T		AM D. BOYD M. D		DDRESS(Street, city to		
	230 BURIAL, CI	EMATION 23b.	DATE 23c N/	AME OF CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (Stote)
	BURIAL		ARCH 3,1968 SA	GRED HEART CEME	TERY B	HANWOOD ST. N	MARYLAND
1	24 FUNERAL D			ADDRESS	250 REC D BY REC	G STRAR 25b. REGISTR	
	W.CLAF	KE MATTIN	GLEY LEONARDTO	WN, MARYLAND	DATE MAR	4 1968 8	wares Jung



		MARYLAND STATE DEPARTMENT OF HEALTH	
. 1	ني.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	_ /
1		Item 13e Film G398 3/21/68 kk CERTIFICATE OF DEATH	( 1 "
= 2-2= /		ECEASED-NAME First Middle Lost, 20. DATE OF DEATH	2b. HOUR
	(	(ype or print) John She / to N March 12	1968 M
a 32.4	3. SI	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years 1	F UNDER 1 YEAR # JNDER 24 HRS.
24 haurs after death. 29 in by metuneal 29 to 32 Tour offer death. 72 haurs after death.	L	Male Negro S. Date Of BIRTH 6 AGE (In years last birthday) M. S. Date Of BIRTH 8-11-79	ONTHS DAYS HOURS MIN.
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	1	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tal during most of work in the tred.)	12b KIND OF BUSINESS OR
\$ \$.5¢		CONANA 10 WN JIMANY ? INVISING-MONA KETIKES	JANITOR
e de de	13o odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSDECTIVE UNITS? 13e STREET AND NUMBER 13b COUNTY T 1/2 Cold 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
campl campl nove cony		51. MAKYS I MONARATOWN "S no street add	ress
be executed was and camplete eremove coth in any event,	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
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law requires that the death certificate be executed within nding physician. been signed by the attending physician and campible with sthe burial-transit permit. Then please remove caban pior ta burial, crematian, ar removal, and in any event, within	16a	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no. of unknown) (If yos give war or dates of service)  Address  Address	1 /
phy en ova	L	NO 415 18 8807 H MRS CATHERINE THOMPSON THAT	EYLEE, Ma,
ing ing		1B. CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (ch) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
end mit. ar r		IMMEDIATE CAUSE (a) 1194 A CONTACTOR OF THE CONTACTOR	126.
aff per ian,	1	DUE TO, OR AS A CONSEQUENCE OF A D	201
the the mat		Conditions, if any, which gave rise to immediate cause (a). (b) asseries relevable treast Deslesse	100 h
equires that the death ce physician. signed by the attending burial-transit permit. The	Н	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires the physician. signed by burial-trar burial, cre		last. (c)	
sig ph		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding the	8	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CON	CIDEDED IN CEDILIVING
The law re attending has been se as the h prior ta	돌	CAUSES OF DEATHS	SIDERED IN CERTIFIING
ICIAN: The law repital ar attending rifficate has been of far use as the af Health prior ta	CERT.FICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Itel	m 10 t
fical of Heart		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	11 10.7
rspil rspil renti r. al	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town	Caunty State
A TTENDING PHYSICIAN: The retained by the haspital ar atte ECTOR: After this certificate has 3 should be detached far use a with the State Dept. af Health pr		21d INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City ar Tawn	Cubin 4 Sibile
by If the I fact of the I fact		22a. I certify that (1) (this beenital) attended the deceased from July 1963, to MAREH 1219	8 , that (1) (wa) last
NDI Sid b Id b Id b Is Si	1	22a. I certify that (I) (this hospital) attended the deceased from July 1963, to MARCIA 17/19 6 saw the deceased alive an 3 - 1968, and that in (my) (ex) apinion death accurred an the date	and havr and fram the
ATTER staine cTOR: should iff th	ı	causes stated abave, (i) (see) (did) (did not) view the body after death.  22c. DA  22c. DA	TE CLONED
OR ATTENDING be retained by # DIRECTOR: After g 3 should be d ed with the State	1	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT	TE SIGNED - 12-68
PITAL OR may be a RAL DIRI	1	22d. PHYSICIAN'S 22e, ADDRESS 22e, ADDRESS	12-64
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us		NAME (TYPO) JOITN F. FENWICK M.D. LEONARD TOWN, MARYL	ANd
Page 4 n FUNER director,	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Yown)	(Caunty) (State)
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CAL EXAMINER: This certificate shauld execute the certificate, writing the ward ar. Page 4 shauld be forwarded ta the Clary yaur files. CTOR: Page 3 should be used as a burial treburial, crematian, or remayal, and in any		WHILE AT WORK AT WORK	factory, affice building	etc)Home					
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necessa the fun 5 may 0 FUNE Health	230	BURIAL, CREMATION	23b DATE	23c NAME OF C	EMETERY OR CREMATOR			awr) (Ca	iunty) (State)
		BURIAL	3/18/68		JOSEPHS				
M	24	FUNERAL DIRECTOR		ADDRES	S	25g REC D BY R	EGISTRAR 25b F	EGISTRAR'S SIG	AJUR
VR A15ME (5) 1 10M REV 1/68	W.	CLARKE MATTI	NGLEY LEON	ARDTOWN, M	ARYLAND	DATE MAR 1	9 1968	7	1



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. ~.	1 0	CEASED-NAME First	<u> </u>	Middle	Lost		D. DATE OF DEATH		2b. HOUR
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le le le		itry)	7b. CITIZEN OF WHAT		MARRIED 🔼 NEVER M	AKKIEU	DUNTY OF DEATH		
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ohys sn p		es, no, or unknown			J.JOHNBO	N SWANN	MORGANZA,	MARYLA	AND
director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours.		18. CAUSE OF DEATH (Enter on	y one couse per line f	os (a), (b), and (c).)	1 1 /	1		1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		PART I. DEATH WAS CAUSED	TE CAUSE (a)	ereby	1 /2	Sin /2	1200	9 1	
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OLD.		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART I(o)		
\$	3	3 2 / X	147	CUV					
rianto	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED 20o. AU	TOPSY?	20b IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CONSIDER	RED IN CERTIFYING
를 /	E				YES [				
0		210 ACCIDENT WAS UNDERLYIN		JURY Aonth Doy Year	21c. HOW INJURY (	OCCURRED (Enter not	ure of injury in Part 1 or	Port 2, Item 18.	.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ier) P.M.	19					
	墨	21d, INJURY OCCURRED 21s.	PLACE OF INJURY (AT	HOME FARM, STREET, FACTORY ICE BUILDING, ETC	21f. LOCATION SI	reet or R.F.D. No.	City or Town	Coun	nty State
		ot work of work				1	6.1	1 -	
		22a. I <b>certify</b> that (I) (the saw the deceased o	s haspital), attend	ed the deceased	rom.	194	1, to 1200	<u>- 19 (- )</u>	y, that (I) (we) las
		saw the deceased of causes stated above	ive on	196	and that if	my) (aur) apiniór	death occurred on	the date and	d hour and from the
		22b. SIGNATURE	YIT TWE TOWN TO	Half view the bad	y ulter death.			22c. DATE SIG	CNED
	1	ZZD. SIGNATURE	N	1-	DEGREE PHYS	DING MED	TOR STAFF	1 ZZL. DATE SIL	UNLU
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	-				ETERY OR CREMATORY		d. LOCATION (City or Tov		
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N		FUNERAL DIRECTOR	<del>гон 26,196</del>	8 ST. Jo	SEPH8	2So REC'D BY RE	MORGANZA ST	STRAP'S SIGNAT	B MARYLAND
B		.CLARKE MATTING	BLEY LEON		ARYLAND	MAR 2 6	1968	write you	ete de .
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13	MARTIAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR	YLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEAT		04717
HEALTH DEPT.	I, DECEASED-NAME First Middle Lost (Type or Print)	2a. DATE KNOWN Month Da	2 60
5 2 5 V	HUBERT CHARLES WAGENER  3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS	DEATH MATED 2c. DATE PRONOUNCED DEAD	2, 1900 M
2, and 3 Pour ment	MALE WHITE DEC.26, 1918 49 YRS MINE ONTS HOURS MINE	Manth 3/ Doy2/	Year 168 M
	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTRY) WISCONSIN U.S.A. WIDOWED DIVORCED □	OUNTY OF DEATH ST. MARY S	Md
24 hours after death any in Item 18. Give Pages 1, 2, c r's Office along with former 29 land 2 with the State Departure offer death.		OCCUPATION (Kind of work dane 12b	b. KIND OF BUSINESS OR DUSTRY
s after 18. Give 19. Olong 2 with the	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE MARYLAND 13b. COUNTYST . MARY 8 LEXINGTON PK. YES NO	13e. STREET AND NUMBER	07
hours Item Office Office offer	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME Fir		Lost
4 h	JENN,	Y LEE	BOYCE
within 24 pencil in xaminer's ile pages 72 haurs	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no. of unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  MRS NANCY O. WAGNI	ADDRESS ENER RT.1 Box 407	MARYLAND
g' in pe ical Exar mit. File ithin 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ENER INTEL BOX 401	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH UNK NOWN
MINER: This certificate shauld be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with forms It files.  1. Tiles.  2. Should be used as a buriol-transit permit. File pages I and 2 with the State Decomption, or removal, and in any event within 72 haurs offer death.	410 9 INVESTIGATE CHOSE (0)	brombosis	inmed
ficate ing the rded to as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CON	ION GIVEN IN PART 1(a)	
his certificate of ate, writing the forwarded to be used as a be removal, and	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter no		20. AUTOPSY?  YES 🗷 NO 🗌
INER: The certificate should be files. 3 should be as should be	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street) 21f. IOCATION. Street or R.F.D. No.	ature of injury in Part 1 ar Part 2, Item	18.)
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK  AT WORK  21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)  21f. LOCATION Street ar R.F.D. No.	City or Town	County Stote
JTY SICAL E.  Iny, please executed director. Pogeto direc		XAMINER 22b. DATE SIGN	and in my apinian  NED 4-68
10 DEPI necesso the fun 5 may 70 FUNE Heolth	230. BURIAL, (REMATION, REMOVAL (Specify)  BURIAL  230. DATE  230. NAME OF CEMETERY OR CREMATORY  230. BURIAL  230. NAME OF CEMETERY  C	ALIFORNIA, ST. MARY	
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND DATE MAR	- 4000 1201 im.	HATURE JUNES

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